

242-625
S61-162

PART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)					
		INVENTOR'S NAME Street Address City, State and ZIP Code					
		CO-INVENTOR'S NAME RECEIVED Street Address Publishing Division City, State and ZIP Code					
		AUG 24 1996 <input type="checkbox"/> Check if additional changes are on reverse side DT					
SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT			DATE MAILED	
08/418,641	04/07/95	029	PADEN, C.			1302	06/06/96
First Name Applicant		KALYANA					

TITLE OF INVENTION INCREASING THE HDL LEVEL AND THE HDL/LDL RATIO IN HUMAN SERUM WITH FAT BLENDS

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1	211/032	426-002.000	A71	UTILITY	YES	\$625.00	09/06/96

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 12-2475. A duplicate copy of this sheet is enclosed.

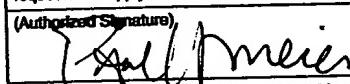
3. Correspondence address change (Complete only if there is a change)		4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.	
Lyon & Lyon First Interstate World Center 633 West Fifth Street, Suite 4700 Los Angeles, CA 90071-2066		LYON & LYON 1 _____ 2 _____ 3 _____	

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5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies <u>14</u>	
(1) NAME OF ASSIGNEE: <u>BRANDEIS UNIVERSITY</u>		6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER <u>12-2475</u> (ENCLOSE PART C) <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____ <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees _____	
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- A. This application is NOT assigned.
 Assignment previously submitted to the Patent and Trademark Office.
 Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.
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(Authorized Signature) 		(Date) <u>8/20/96</u>
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Certificate of Mailing

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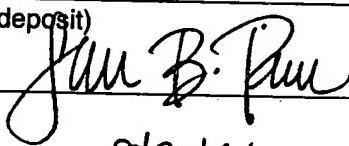
on AUGUST 20, 1996

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(Name of person making deposit)

(Signature)



8/20/96

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